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City Health Experience with Enablers and Barriers to "External" Projects Embedding in Government Systems

Karen Jennings: Head HIV/TB/STI June 2019

Making progress possible. Together.

City Health's Experience with Enablers and Barriers to "External" Projects Embedding in Government Systems

- Reflections from the experience of PopART HPTN 071
- Could similarly be applied to other "externally" funded projects such as the current Pepfar funded ones.

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Barriers

- Working with new partners/new projects
  - Introduction
  - Establishing trust
  - Setting up working relationships
  - Time it takes to shift a large, complex health system
- Each entity's internal "readiness" to engage, including policy framework and organisational development
- Non-alignment of targets
- "Vertical" focus
- Sustainability

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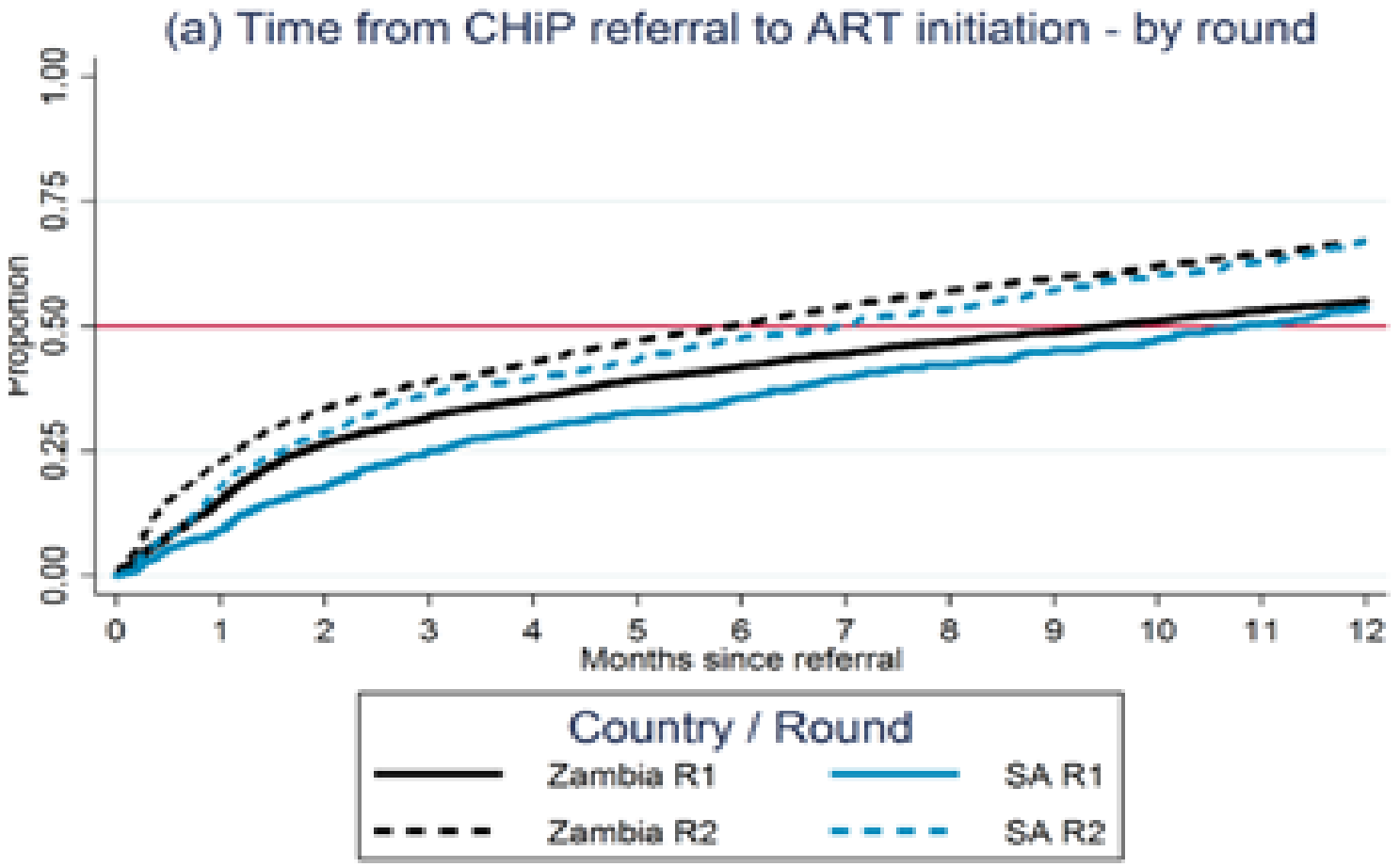
Example of time to establish a new project
Linkage to care: trends over time



"Understanding the time needed to link to care and start ART in seven HPTN 071 (PopART) study communities in Zambia and South Africa"; Janet Seeley et al; AIDS and Behavior April 2019

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Example: PopART HPTN 071 DTTC exit and sustainability document

"Sustainability and Exit plan: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) trial

The Western Cape Government, the City of Cape Town and the Desmond Tutu TB Centre

June 2012"

OBJECTIVES OF THE PLAN

- 1. Outline principles for ensuring successful exit and sustainability
- 2. Identify key areas of risk to health services
- 3. Outline sustainability and exit strategies to mitigate these risks
- 4. Outline a structure for monitoring implementation of the sustainability and exit strategies outlined in this document.

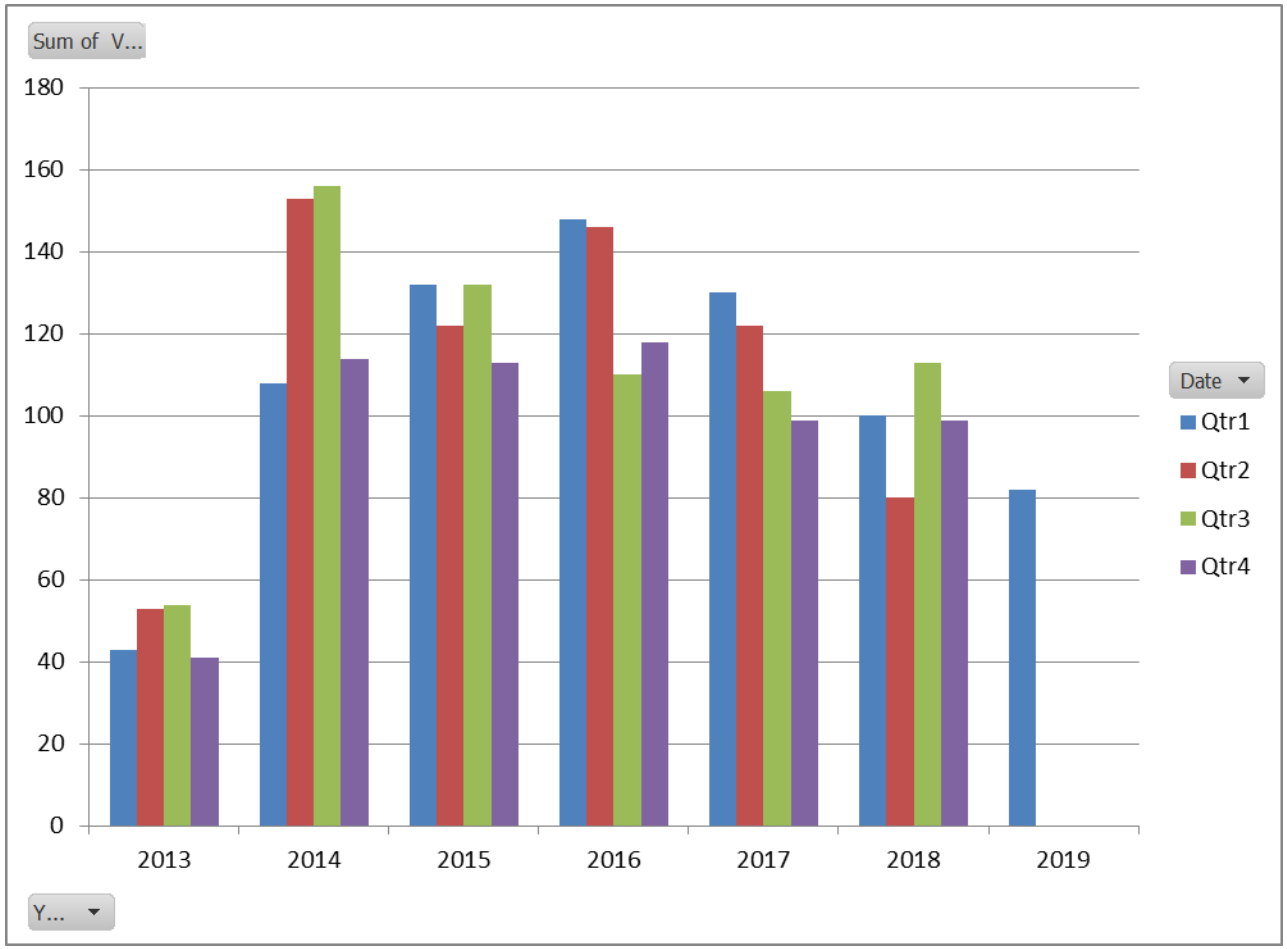
Specific risks and mitigation strategies

Type	Risk to health services	Sustainability and exit strategy
Park homes, alterations etc. (Additional space will be provided in discussion with WCG and CoCT to assist clinics to cope with the increased client load)	Removal of equipment leaves a gap in systems	All infrastructure will be donated to the WCG and CoCT at the end of the trial
	Infrastructure provided is not suitable for long term use	Infrastructure introduced will be high quality
	Introduction of additional space leads to development of parallel flow of patients at clinic	Space will be provided to be used in an integrated manner in the clinic
Clinical staff including doctors, nurses, pharmacy staff, counsellors	Staff work in parallel and do not contribute to Health Systems Strengthening	Staff will be fully integrated with WCG and CoCT /implementing partner staff and report to facility manager; they will be required to adhere to WCG and CoCT norms with regards to conditions of service etc. No parallel systems will be created
		There will be WCG AND COCT /implementing representation on the interview process
	WCG AND COCT is unable to continue their employment after the trial period	Staff will be where possible appointed against existing unfilled WCG and CoCT posts. Engagement with HAST Directorate and District management to identify budget for takeover of relevant posts at end of trial period will be undertaken from the outset.
		Conditions of employment, salary benefits etc will be the same as WCG AND COCT to assist transition to WCG AND COCT at a later date.
	New clinic staff not competent	Funding is available for staff to attend training. Where possible staff will attend WCG and CoCT approved training courses.
Office equipment, furniture, desk top computers, IT equipment etc.	Removal of equipment leaves a gap in systems	All equipment will be donated to the WCG and CoCT at the end of the trial
Laboratory tests	Additional lab tests will be done only during the trial period	Only bloods in WCG guidelines will routinely be performed and results will be routinely shared with the WCG and CoCT.
	Additional work will be generated for WCG and CoCT and laboratory staff	PEPFAR resources for lab testing will be routed via existing public health systems
	A parallel system will be developed	The expected additional numbers of blood tests will be discussed with relevant laboratories prior to the start of the trial to asses capacity
	A parallel reporting system will be developed	Existing reporting systems will be used. Clinic services will benefit from the increased effort to improve testing and capturing of lab results for clinical care and monitoring purposes

Specific risks and mitigation strategies continued

Drugs	Increased requirements of drugs will lead to system inefficiencies	Careful quantification of additional amount of ART and provision of additional pharmacy support at sites. This process will be undertaken timeously prior to the onset of the trial to ensure adequate stocks.
	Creation of parallel systems that leave service gaps at end of trial	Use of existing WCG and CoCT /implementing systems for delivery of ARVs with provision of additional support
	Initiation of non-standard regimens that WCG has to continue at end of trial	Use of standard regimens by PopART
	Initiation of significant numbers of clients non eligible under current WCG guidelines in ARM A communities whose care then has to be absorbed by WCG AND COCT at end of trial	Quantification of these additional numbers with WCG AND COCT /implementing colleagues and estimation of how many of these clients would have become eligible during the trial period
	Creation of temporary parallel systems for monitoring adverse reactions and efficacy that leave service gaps at the end of the trial	Use of existing adverse reporting and laboratory monitoring systems with where possible provision of additional support to strengthen existing systems
Community HIV Provider (ChiPs) teams	CHiPs teams leave service gaps at the end of the trial	The CHiPs intervention teams will be structured in such a way as to capacitate existing community based services by: Employing current volunteer workers and up-skilling them for future community worker employment, making use of existing training curriculums and structures, aligning conditions of service to community worker programmes, not recruiting CHiPs teams from WCG and CoCT community structures other than the volunteer sector. Refer a bit to PHC re-engineering and task shifting
	CHiPs teams scope of practice not aligned to existing policy documents	
	CHiPs teams undermine existing community health worker programme	The activities of the CHiPs teams will be structured not to interfere with those of CHWs. The CHiPs scope of practice will be primarily household based focusing on linkage to care and not ongoing treatment support
Monitoring and evaluation	Parallel systems are introduced that leave service gaps on exit. In addition datasets that have been improved by trial activities will not be routinely shared with WCG and CoCT.	PopART will look to use existing WCG and CoCT M&E systems and strengthen them by provision of additional capacity (site based data capturers). Attempts will be made to integrate community monitoring system with clinic based system in both countries. This system could continue to be used after the trial
	Additional work load is placed on data and clinical staff interfering with their ability to complete current task	Additional capacity (site based data capturers will be provided)
	CHiPs M&E	CHiPs M&E systems will be developed in line with WCG and CoCT /implementing partner community worker monitoring systems
Training	Staff are trained using non standardised curricula	Where possible existing training curricula and systems will be used for training of clinic and community staff and training activities will be aligned to existing WCG and CoCT district training plans.
	Existing WCG and CoCT /implementing partner staff do not benefit from training activities	Training provided by PopART structures will where possible be made available to WCG and CoCT staff as well

Example of a sustainability issue
New ART enrolments before, during and after PopART



an Arm A site:
routine DoH data

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Enablers

- Common vision
- Clear channels of communication
- Resource for secretariat function provided by external partner
- Regular, structured engagement **at different levels**:
  - TMC: the trial management committee
  - CMIT: Cape Metro Intervention task team
  - Local level: clinic or sub district forums
- Seconded staff : embed extra resources in the DoH offices to help manage the interface

Example of structured engagement:

"Communications processes: Description of platforms HPTN 071 (PopART) at DTTC"

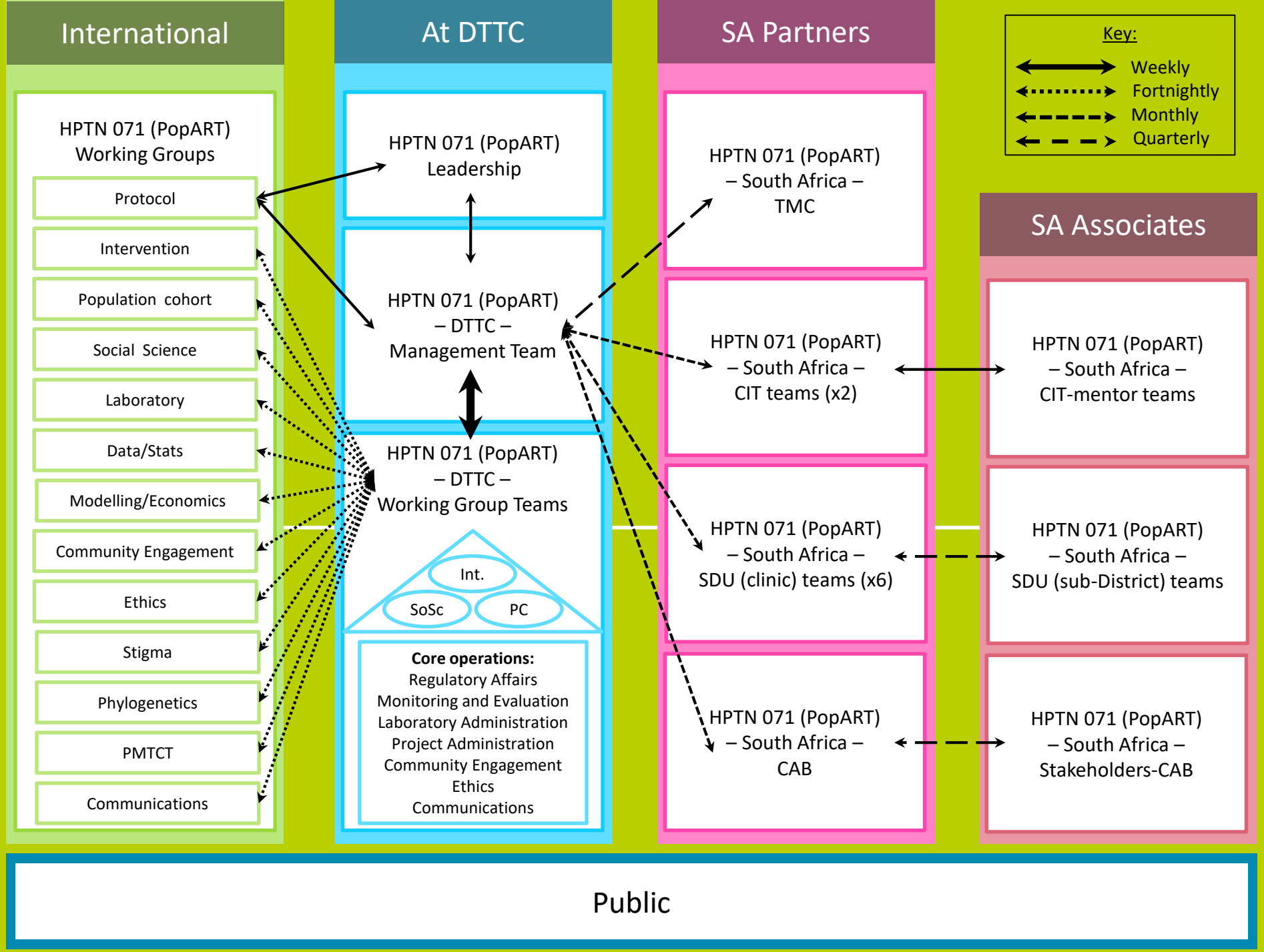
***Guiding principles*:**

1. Use of the formal, routine communications platforms is preferred over informal, *ad hoc* and extra-ordinary meetings, conversations or other communications.

2. All communications should be documented and archived appropriately, regardless of platform.

3. Judicious use of each and all platforms, including referral of external persons to the appropriate platform, is the responsibility of each HPTN 071 (PopART) staff member.

4. Notwithstanding 1 – 3 (above), the imperative for effective, timeous and succinct communications supersedes any bureaucratic imperative for 'appropriate use' of communication platforms.


International
At DTTC
SA Partners
SA Associates
Key:
Weekly
Fortnightly
Monthly
Quarterly
HPTN 071 (PopART)
Working Groups
Protocol
Intervention
Population cohort
Social Science
Laboratory
Data/Stats
Modelling/Economics
Community Engagement
Ethics
Stigma
Phylogenetics
PMTCT
Communications
HPTN 071 (PopART)
Leadership
HPTN 071 (PopART)
– DTTC –
Management Team
HPTN 071 (PopART)
– DTTC –
Working Group Teams
Int.
SoSc
PC
Core operations:
Regulatory Affairs
Monitoring and Evaluation
Laboratory Administration
Project Administration
Community Engagement
Ethics
Communications
HPTN 071 (PopART)
– South Africa –
TMC
HPTN 071 (PopART)
– South Africa –
CIT teams (x2)
HPTN 071 (PopART)
– South Africa –
SDU (clinic) teams (x6)
HPTN 071 (PopART)
– South Africa –
CAB
HPTN 071 (PopART)
– South Africa –
CIT-mentor teams
HPTN 071 (PopART)
– South Africa –
SDU (sub-District) teams
HPTN 071 (PopART)
– South Africa –
Stakeholders-CAB
Public

Trial management committee (TMC), May 2018

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Thank You

For queries contact karen.jennings @capetown.gov.za

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